



Flathead County

Planning & Zoning

1035 1st Ave W, Kalispell, MT 59901
Telephone 406.751.8200 Fax 406.751.8210

PETITION FOR ZONING AMENDMENT

Submit this application, all required information, and appropriate fee (see current fee schedule) to the Planning & Zoning office at the address listed above.

FEE ATTACHED \$ _____

APPLICANT/OWNER:

1. Name: _____ Phone: _____
2. Mail Address: _____
3. City/State/Zip: _____
4. Interest in property: _____

Check which applies:

☐

Map Amendment

☐

Text Amendment:

TECHNICAL/PROFESSIONAL PARTICIPANTS:

Name: _____ Phone: _____
Mailing Address: _____
City, State, Zip: _____
Email: _____

IF THE REQUEST PERTAINS TO AN AMENDMENT TO THE TEXT OF THE ZONING REGULATIONS, PLEASE COMPLETE THE FOLLOWING:

- A. What is the proposed zoning text/map amendment?

IF THE REQUEST PERTAINS TO AN AMENDMENT TO THE ZONING MAP PLEASE COMPLETE THE FOLLOWING:

- A. Address of the property: _____

- B. Legal Description: _____
(Lot/Block of Subdivision or Tract #)

_____-_____-_____
Section Township Range (Attach sheet for metes and bounds)

- C. Total acreage: _____

- D. Zoning District: _____

- E. The present zoning of the above property is: _____

- F. The proposed zoning of the above property is: _____

- G. State the changed or changing conditions that make the proposed amendment necessary: _____

THE FOLLOWING ARE THE CRITERIA BY WHICH ZONING AMENDMENTS ARE REVIEWED. PLEASE PROVIDE A RESPONSE AND DETAILED EXPLANATION FOR EACH CRITERION FOR CONSIDERATION BY THE PLANNING STAFF, PLANNING BOARD, AND COMMISSIONERS.

1. Is the proposed amendment in accordance with the Growth Policy/Neighborhood Plan?
2. Is the proposed amendment designed to:
 - a. Secure safety from fire and other dangers?
 - b. Promote public health, public safety and the general welfare?
 - c. Facilitate the adequate provision of transportation, water, sewerage, schools, parks and other public requirements?
3. Does the proposed amendment consider:
 - a. The reasonable provision of adequate light and air?
 - b. The effect on motorized and non-motorized transportation systems?
 - c. Compatible urban growth in the vicinity of cities and towns that at a minimum must include the areas around municipalities?
 - d. The character of the district and its peculiar suitability for particular uses?
 - e. Conserving the value of buildings and encouraging the most appropriate use of land throughout the jurisdictional area?
4. Is the proposed amendment, as nearly as possible, compatible with the zoning ordinances of nearby municipalities?

* * * * *

The signing of this application signifies approval for the Flathead County Planning & Zoning staff to be present on the property for routine monitoring and inspection during approval process.

Owner/Applicant Signature(s)

Date

APPLICATION PROCESS

APPLICABLE TO ALL ZONING APPLICATIONS:

A. Pre-Application Meeting:

A pre-application meeting is highly recommended. This can be scheduled at no cost by contacting the Planning & Zoning office. Among topics to be discussed are: Master Plan compatibility with the application, compatibility of proposed zone change with surrounding zoning classifications, and the application procedure.

B. Completed application.

C. Application fee.

D. The application must be accepted as complete by the Flathead County Planning & Zoning staff prior to the date of the planning board meeting at which it will be heard in order that requirements of state statutes and the zoning regulations may be fulfilled.

APPLICABLE TO APPLICATIONS FOR ZONE CHANGE:

A. Application Contents:

1. Completed Zone Change application, including signatures of all property owners applying for zoning map amendment.

IF this is a **MAP** amendment the following are also required:

- i) A map showing the location and boundaries of the property (*vicinity map*).
- ii) A Title Report of the subject property
- iii) An 'Adjoining Property Owners List' request form must be submitted with the application, with a separate fee (*see form below*). The list will be sent directly to the Planning & Zoning office and is valid for a period of 6 months from date generated. You may also get a certified adjoining landowners list from a title company if you choose.



1035 First Ave West
 Kalispell MT 59901
 Phone 406.751.8200
 Email planningweb@flathead.mt.gov
 Website flathead.mt.gov/planning_zoning

Certified Ownership List Request Form

Must be filled out by the Planning Office, Surveyor, or Engineer

SUBJECT PROPERTY OWNER	
SUBJECT PROPERTY ASSESSOR #	
SUBJECT PROPERTY LEGAL DESCRIPTION	
SEC-TOWNSHIP-RANGE	
BUFFER FOOTAGE	
CONTACT PERSON	
CONTACT PHONE #	
TODAY'S DATE	
PICK UP DATE	
SPECIAL HANDLING INSTRUCTIONS	
PLANNER, SURVEYOR OR ENGINEER SIGNATURE	

Orders can be submitted in the Planning and Zoning Department via mail or email (planning.zoning@flathead.mt.gov).

Certified Ownership List – completed within 1 week from receipt of payment	\$75.00
Certified Ownership List Rush – completed within 48 hours from receipt of payment	\$150.00



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 WEB flathead.mt.gov/planning_zoning

CUSTOMER SERVICE SURVEY

Our mission is to provide you with the best possible service. Please help us serve you and others better by taking a few minutes to answer the questions below. Our office genuinely appreciates your time and your feedback.

What was the nature of your contact with us? (Please check all that apply)

General Information

Permitting (Lakeshore, Floodplain, Zoning, Subdivision)

Pre-application Conference

Other _____

Please Check as Appropriate:					
	Strongly Agree	Agree	Disagree	Strongly Disagree	No Comment
Staff was courteous and helpful					
Staff provided accurate information to me					
Staff response was considerate of my time					
My overall experience was positive					
Please complete the section below if your contact with us involved permitting:					
The permitting process was understandable					
The regulations were understandable					
Application instructions were understandable					
Terms and conditions of the permit were understandable					

We provide opportunities for staff to be recognized for exemplary customer service. Please indicate the names of any staff person(s) you would like to commend:

If you feel we fell short in meeting your service expectations, please describe the situation including the name of the staff person involved (if applicable) and the date the incident occurred:

As a result of your experience with us, what service-related improvement(s) can you recommend?

Contact Information (Optional)

Your name: _____

Email: _____ Daytime phone: _____

Mailing address: _____

Date submitted: _____

Please hand deliver, email, fax or mail form to:

Flathead County Planning and Zoning
1035 First Avenue West, Ste C200
Kalispell, MT 59901
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Fax: (406) 751-8210

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